

Rulemaking Hearing Rules
of the
Department of Mental Health and Developmental Disabilities
Office of Licensure

Chapter 0940-5-43
Minimum Program Requirements for Alcohol and Drug
Non-Residential Rehabilitation Treatment Facilities

New Rules

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0940-5-43-.01 Definition.

- (1) "Alcohol and Drug Non-Residential Rehabilitation Treatment Facility" means an outpatient facility which offers treatment services to service recipients with alcohol and/or drug abuse or dependency disorders that can include but not be limited to assessment, referral, counseling, and education.

0940-5-43-.02 Application of Rules.

- (1) The governing body of alcohol and drug non-residential rehabilitation treatment facilities must provide services and facilities which comply with the following rules:
 - (a) Chapter 0940-5-4-.04(2) Life Safety Business Occupancies rule;
 - (b) Chapter 0940-5-5 Adequacy of Facility Environment and Ancillary Services;
 - (c) Chapter 0940-5-6 Minimum Program Requirements for All Facilities;
 - (d) Chapter 0940-5-43 Minimum Program Requirements for Alcohol and Drug Non-Residential Treatment Facilities; and
 - (e) If services are to be provided to one (1) or more mobile non-ambulatory service recipient, Chapter 0940-5-4-.09 Mobile Non-Ambulatory Rule.

0940-5-43-.03 Policies and Procedures.

- (1) The facility must maintain a written policy and procedure manual which includes the following:
 - (a) A description of the intake, assessment and treatment process;

- (b) A description of its aftercare services;
- (c) Exclusion criteria for persons not appropriate for the facility's services;
- (d) Requirements that each employee or volunteer comply with procedures for detection, prevention, and reporting of communicable diseases according to procedures of the Tennessee Department of Health;
- (e) A policy ensuring that employees and volunteers practice infection control procedures and standard precautions that will protect the service recipient from infectious diseases;
- (f) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to clinical practice;
- (g) Drug testing procedures, if any, used by the facility;
- (h) Policies and procedures which address the methods for managing disruptive behavior. If restrictive procedures are used to manage disruptive behaviors, these policies and procedures must govern their use and minimally ensure the following:
 - 1. Any restrictive procedure must be used by the facility only after all less-restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective;
 - 2. The service recipient must have given written consent to any restrictive measures taken with him/her by the staff;
 - 3. The restrictive procedure(s) must be documented in the individual program plan, be justifiable as part of the plan, and meet all requirements that govern the development and review of the plan;
 - 4. Only qualified personnel may use restrictive procedures and must be adequately trained in their use; and
 - 5. The adaptive or desirable behavior must be taught to the service recipient in conjunction with the implementation of the restrictive procedures.
- (i) A policy which states physical holding must be implemented in such a way as to minimize any physical harm to the service recipient and may only be used when the service recipient poses an immediate threat under the following conditions:
 - 1. The service recipient poses an immediate danger to self or others; and/or
 - 2. To prevent the service recipient from causing substantial property damage.
- (j) Procedures to ensure that the facility, either directly or through arrangements with other public or private nonprofit entities, will make available tuberculosis (TB) services in accordance with current TB Guidelines for Alcohol and Drug Treatment Facilities (TB Guidelines), established by the Department of Health TB Elimination

Program and the Department of Mental Health and Developmental Disabilities Division of Alcohol and Drug Abuse, including:

1. Counseling the service recipients about TB;
2. Screening all service recipients for TB, and if applicable, testing service recipients at high risk for TB to determine whether service recipients have been infected with TB;
3. Providing for or referring the service recipients infected by TB for appropriate medical evaluation and treatment; and
4. Conducting case management activities to ensure that service recipients receive such services;

0940-5-43-.04 Personnel and Staffing Requirements.

- (1) Direct treatment and/or rehabilitation services must be provided by qualified alcohol and drug abuse personnel.
- (2) A physician must be employed or retained by written agreement to serve as medical consultant to the program.
- (3) At least two (2) staff members must be on-duty at all times who are certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust, and standard precautions for infection control as specified by the Centers for Disease Control (CDC).
- (4) The facility must provide STD/HIV education to all direct care staff.
- (5) The facility must follow current TB Guidelines for screening and testing employees for TB infection.
- (6) Employee records must include date and results of TB screening and, if applicable, tuberculin skin test or equivalent used, date and results of tuberculin skin test, date and results of chest x-ray, and any drug treatment for tuberculosis.
- (7) The facility must provide annual training to personnel responsible for counseling, screening, and providing case management services to service recipients to prevent the transmission of TB.

0940-5-43-.05 Service Recipient Assessment Requirements.

- (1) The facility must document that the following assessments are completed prior to development of the Individual Program Plan (IPP); re-admission assessments must document the following information from the date of last service:
 - (a) Assessment of current functioning according to presenting problem, including history of the presenting problem;
 - (b) Basic medical history, including drug usage, a determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation;
 - (c) Screening to identify service recipients who are at high risk for infection with TB according to TB Guidelines, including documentation of the service recipient's

risk level, and, if applicable, a tuberculin skin test or equivalent, the results of the tuberculin skin test, the date and result of a chest x-ray, and any drug treatment for TB;

- (d) Assessment information, including employment and educational skills; financial status; emotional and psychological health; social, family, and peer interaction; physical health; legal issues; community living skills and housing needs; and the impact of alcohol and/or drug abuse or dependency in each area of the service recipient's life functioning; and
- (e) A six (6) month history of prescribed medications, over-the-counter medications used frequently, and alcohol or other drugs, including patterns of specific usage for the past thirty (30) days.

0940-5-43-.06 Individual Program Plan Requirements.

- (1) An Individual Program Plan (IPP) must be developed and documented for each service recipient within thirty (30) days of admission or by the end of the third face-to-face treatment contact with qualified alcohol and drug abuse personnel, whichever occurs first, and must include:
 - (a) The service recipient's name;
 - (b) The date of the IPP's development;
 - (c) Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD), and ASAM PPC;
 - (d) Specified service recipient problems which are to be addressed within the particular service/program component;
 - (e) Service recipient goals which are related to specified problems and which are to be addressed within the particular service/program component;
 - (f) Interventions addressing goals;
 - (g) Planned frequency of contact;
 - (h) Signatures of appropriate staff; and
 - (i) Documentation of the service recipient's participation in the treatment planning process.

0940-5-43-.07 Individual Program Plan Monitoring.

- (1) Progress notes which include written documentation of progress or changes occurring within the IPP must be made in the individual service recipient record for each treatment contact.
- (2) The facility must review and, if indicated, revise the IPP at least every ninety (90) days. The revision shall document any of the following which apply:
 - (a) Change in goals and objectives based upon service recipient's documented progress or identification of any new problems;

- (b) Change in primary counselor assignment;
- (c) Change in frequency and types of services provided; and
- (d) A statement documenting review and explanation if no changes are made in the IPP.

0940-5-43-.08 Service Recipient Record Requirements.

- (1) The individual service recipient record must include the following:
 - (a) Documentation of all drugs prescribed or administered to the service recipient as part of the plan of care indicating the date prescribed, type, dosage, frequency, amount, and reason;
 - (b) Narrative summary review at least every ninety (90) days of all medications prescribed which includes specific reasons for prescribing and continuation of each medication;
 - (c) A discharge summary which states the date of discharge, reasons for discharge, and referral for other services, if appropriate;
 - (d) An aftercare plan which specifies the type of contact, planned frequency of contact, and responsible staff; or documentation that the service recipient was offered aftercare but decided not to participate; or documentation that the service recipient dropped out of treatment and is therefore not available for aftercare planning; or verification that the service recipient is admitted for further alcohol and drug treatment services; and
 - (e) Documentation of any instance of restraint or restriction with documented justification and authorization.

0940-5-43-.09 Professional Services.

- (1) In addition to the alcohol and drug treatment services provided, the facility must provide a continuum of services to service recipients to address their needs as indicated in the assessment/history in the areas of social, family and peer interactions; employment and educational needs; financial status; emotional and psychological health; physical health; legal issues; and community living skills and housing needs. Such services may be provided directly by the agency or indirectly by referral to other service providers. Referral agreements with frequently used providers must be documented. The provision of such services to individual service recipients must be documented in the service recipient record.

Repeals

Chapter 0940-5-43 Minimum Program Requirements for Alcohol and Drug Abuse Non-Residential Treatment Facilities is repealed in its entirety.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404 and Executive Order 44 (February 23, 2007).

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 31st day of July, 2008, and will become effective on the 14th day of October, 2008. (FS 07-22-08; DBID 2928)